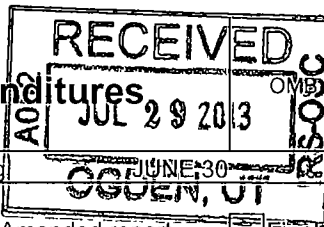


Political Organization
Report of Contributions and Expenditures

▶ See Separate instructions.



OMB No 1545-1696

A For the period beginning JAN 1, 20 13 and ending JUNE 30, 20 13

B Check applicable boxes ☐ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
EDWARD M BURKE WARD COMMITTEEMAN
Employer identification number
36-3012382

2 Mailing address (P.O. Box or number, street, and room or suite number)
225 W WASHINGTON BLVD., Suite 1701
City or town, state, and ZIP code
CHICAGO, IL 60606

3 E-mail address of organization **4** Date organization was formed

5 a Name of custodian of records
EDWARD M BURKE
5 b Custodian's address
SAME

6 a Name of contact person **6 b** Contact person's address

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
City or town, state, and ZIP code

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☒ Mid-year report (Non-election
year only-due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except
the December report, which is due by January 31)
g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election _____
(2) Date of election _____
(3) For the state of _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election _____
(2) For the state of _____

9 Total amount of reported contributions (total from all attached **Schedules A**) **9** 0

10 Total amount of reported expenditures (total from all attached **Schedules B**) **10** 0

**Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official

Date

7/24/13

For Paperwork Reduction Act Notice, see separate instructions.

Form **8872** (11-2002)

SCANNED AUG 01 2013

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Schedule A **Itemized Contributions**

Schedule A page _____ of _____

Name of organization

EDWARD M BURKE WARD COMMITTEEMAN

Employer identification number

36-3012382

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contribution

NONE

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Contributor's name, mailing address and ZIP code

Name of contributor's employer

Amount of contributions

Contributor's occupation

\$

Aggregate contributions
year-to-date ▶ \$

Date of contribution

Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶ \$

0

Schedule B Itemized Expenditures

Schedule B page _____ of _____

Name of organization

Employer identification number

EDWARD M BURKE WARD COMMITTEEMAN

36-3012382

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

NONE

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

ACCOUNTANT

Purpose of expenditure

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of expenditure

\$

Recipient's occupation

Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872



\$

0